

“ART FOR AWARENESS” 2008 REGISTRATION FORM

Name of Artist: _____

Phone: _____ FAX: _____ E-mail: _____

Street Address: _____

City: _____ Zip Code: _____

Peer Center/ Contact: _____ Phone: _____

Thank you for submitting your artwork for the “Art for Awareness” exhibit at Legislative Plaza in May 2008. The Middle Tennessee Mental Health and Substance Abuse Coalition will make every effort to keep your artwork safe. By signing, you agree not to hold the Coalition or any legislative office liable for damages in connection with exhibiting the artwork.

Artist’s Signature: _____ Date: _____

What creating art means to me (statement will appear with your name by your artwork):

ARTIST – Please provide a brief description of art below. Art must be ready to hang with name, address and telephone number on the back of the artwork.

Title	Medium	Size- inches

May we use your name in a press release?

(By agreeing, your name may be printed in a local or statewide newspaper.)

YES _____ NO _____

1) Artists, please complete the above information and fax to (615) 253-6822 by April 15, 2008.

2) Artist may bring only one piece of artwork on May 1, 2008.

3) Artists are asked to pick up art no later than June 8, 2008.

Internal Use Only:

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Legislator’s Name: _____ Office Location: _____ Phone: (615) _____

Received by: _____ Date: ____/____/____

Returned to: _____ Date: ____/____/____